MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE
APPLICANT(S)	10/573928	

CLAIMS

	AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT				AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/							51						
2		/						52						
3		/						53						
4		/						54						
5		/						55						
6		/						56						
7		/						57						
8		/						58						
9	/	/						59						
10	/							60						
11		/						61						
12		/						62						
13		/						63						
14		/						64						
15		/						65						
16		/						66						
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42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	2	↓		↓		↓		TOTAL IND.		↓		↓		↓
TOTAL DEP.	15	←		←		←		TOTAL DEP.		←		←		←
TOTAL CLAIMS	17							TOTAL CLAIMS						

PTO - 1360 (REV. 11/84)